

Confined Space Permit

Part A – Details of work (permit recipient to complete)

Date of entry		Work Order #	
Site where space is to be entered			
Location of space			
Details of work to be undertaken			

Part B – Assessment of space (permit recipient to complete)

- Space has previously been designated as a confined space - go to part c of this form.
 Space has not been previously designated as a confined space - perform the following confined space assessment.

If in doubt, do the confined space assessment.

Confined Space Assessment

Is the space:

- Enclosed or partially enclosed Not designed for continual worker occupancy

AND within the space is there a risk of one or more of the following:

- oxygen concentration outside of safe oxygen range
 a concentration of airborne contaminant that may cause impairment, loss of consciousness or asphyxiation
 a concentration of flammable airborne contaminant that may cause injury from fire or explosion
 engulfment in a free-flowing solid, or a rising level of liquid that may cause suffocation or drowning

If the confined space assessment identifies the space as a confined space - go to part c of this form.

If the confined space assessment identifies that the space is not a confined space, work may proceed without a confined space permit provided the following requirements are met:

- Approval obtained from a line supervisor who has appropriate knowledge of the space.

Name: _____ Date: _____

- Continual atmospheric monitoring of the space performed for the duration that a worker is in the space.

If conditions change, workers must immediately exit the space and the space must be re-assessed.

Name of person who conducted assessment		Date of assessment	
Signature			

Part C – Risk management (permit recipient to complete)

SWMS developed	Y <input type="checkbox"/>	Isolation instruction developed	Y <input type="checkbox"/> N/A <input type="checkbox"/>
High risk work rescue plan developed	Y <input type="checkbox"/>	Other high-risk work permit required Type:	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Name of standby person		Name of rescue person/s	
Risk controls <input type="checkbox"/> Signs and barricades <input type="checkbox"/> Traffic control <input type="checkbox"/> Ventilation equipment <input type="checkbox"/> Lighting (with portable RCD) <input type="checkbox"/> Life / rescue line <input type="checkbox"/> Tripod / davit <input type="checkbox"/> Self-contained breathing apparatus <input type="checkbox"/> Two way radio/satellite phone <input type="checkbox"/> Other:			

Confined Space Permit

Part D – Pre-entry activities (permit recipient to complete)

Isolation/s complete	Y <input type="checkbox"/> N/A <input type="checkbox"/>	Drain down complete	Y <input type="checkbox"/> N/A <input type="checkbox"/>		
Purging required? Method used:	Y <input type="checkbox"/> N/A <input type="checkbox"/>	Ongoing ventilation required? Method used:	Y <input type="checkbox"/> N/A <input type="checkbox"/>		
Pre-entry atmospheric testing					
Atmospheric testing equipment in date: Y <input type="checkbox"/>		Bump test successful: Y <input type="checkbox"/>			
<i>Remember to change the atmospheric testing equipment from real time to data log to get peak readings from inside the space.</i>					
Atmospheric test	Permissible entry levels	Tested top of space	Tested middle of space	Tested bottom of space	Peak reading
Oxygen	> 19.5 to < 23.5%	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	
Combustible	< 5% LEL	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	
Hydrogen Sulphide	< 25 ppm	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	
Carbon Monoxide	< 400 ppm	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	
For other contaminants not listed, specific monitoring devices and pre-work planning will be required to ensure safe entry. All workers are prohibited from entering a confined space where a safe atmosphere is unable to be achieved. The atmosphere in a confined space must be continuously monitored whilst workers are in the space.					

Part E – Entry authorisation (permit recipient to complete)

The confined space described in this permit is safe to enter using the processes, control measures and precautions listed above and detailed on the supporting SWMS. Workers required to work in the confined space have been advised of, and understand, the requirements and risks of the work, including the requirements detailed in the support high-risk work rescue plan.

Permit recipient name		Signature	
Contact number		Date	
Period of time that permit is authorised (max 24 hours)		Start time:	End time:

Part F – Entry activities (entrant/s to complete)

I, the undersigned hereby acknowledge that I understand the processes, control measures and precautions to be observed for this confined space entry. I will comply with these requirements at all times and immediately report any new or unforeseen hazards that present a risk to safety.

SIGN IN				SIGN OUT		
Name	Date	Time in	Signature	Date	Time out	Signature

Part G – Permit close (permit recipient to complete)

I confirm that all work associated with this permit is complete, all personnel named above have exited the space, all tools and equipment have been removed from the space and that all plant and the confined space have been reinstated correctly and safely.

Name of permit recipient		Signature	
Date		Time	